

# Implementation and Rollback Plan

## GENERAL INFORMATION

Maintenance Description:		CCR Number: _____
Is the hardware currently on maintenance? <input type="checkbox"/> YES <input type="checkbox"/> NO            Is service currently under mission freeze? <input type="checkbox"/> YES <input type="checkbox"/> NO Mission freeze exception requested granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of System(s) Impacted:	List Attached <input type="checkbox"/>	Date of Last Successful Full Backup:
Is this system a single point of failure: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this equipment being installed or relocated in a Data Center? If Yes, an approved Data Center Server Intake Form (D-WK 208-2) must be attached. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the equipment require new power?. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Who has verified new power requirements are operational?		
List all services/applications impacted:		
Has the user community been notified that there will be an outage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the user community approved the outage? <small>(This is applicable for application/system outages that impact select groups, not the entire center, i.e., FDAS)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does this outage impact Security Control Centers?              DAOF <input type="checkbox"/> YES <input type="checkbox"/> NO              Dryden <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has Security been notified that there will be an outage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Support Personnel: (List individuals who will be present during maintenance/change and will independently validate success.)		
Name of Supervisor and TM to be notified when Maintenance/Change is complete or in the event of a problem.		
<b>NOTE:</b> If a problem occurs, the CSDM is to be notified immediately.		
Supervisor Name:	TM Name:	

## WORK PLAN

List all steps that will be taken to accomplish the desired result.

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Has this work been tested in the lab? ☐ YES ☐ NO

How will the success of this work be verified?

### OUTAGE NOTIFICATION TEXT

**Who:** *(List all users who will be impacted)*

**What:** *(<Service/System> Outage)*

**When:** *(From <date/time> through <date/time>)*

**Description:** *(Provide reason for the outage and a simple overview of the work being completed.)*

### ROLL BACK DECISION POINT

At what point during the maintenance window will the call be made to roll back?

Who will make the decision to roll back?

At what point must we push through and not roll back?

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### LAST KNOWN GOOD STATE PRESERVATION

How can the current system state be documented/preserved? Backup of certain config files? Preservation of hardware components? Copying files to a backup folder or network drive? Backup to tape? Please elaborate on the process.

### LAST KNOWN GOOD STATE RESTORATION

How will the stored last known good state be restored on the host? List all steps required to roll back to the last known good state.

### TIME TO RESTORE

Please identify how long it will take to execute the restoration of the last known good state. This is very important as it will identify to change builders how much time during a scheduled change event until a decision must be made as to whether to proceed or roll back to the last known good state.

### NOTES

Post Implementation/Rollback Notes: Annotate changes to the plan or anomalies encountered during the implementation or rollback.

Submitted By (Plan Owner):		Date Reviewed:
Supervisor:	I agree with this approach: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed:
Technical Monitor:	I agree with this approach: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed:
CIO/DCIO:		Date Reviewed:
Work Verified By:		Date Reviewed: